

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼

2831 Lone Oak Road

☐ Check if different than previously reported. (ACC)

Paducah

KY

42003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00351197

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

04

01

2016

04

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti MD

Signature of Treasurer

Laxmaiah Manchikanti MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

06

14

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">303949.91</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">301420.55</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">81245.01</span>	<span style="border: 1px solid black; padding: 2px;">144043.89</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">382665.56</span>	<span style="border: 1px solid black; padding: 2px;">447993.80</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">14687.69</span>	<span style="border: 1px solid black; padding: 2px;">80015.93</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">367977.87</span>	<span style="border: 1px solid black; padding: 2px;">367977.87</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
04 / 01 / 2016

To:

M M / D D / Y Y Y Y Y  
04 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

77644.17

130537.02

(ii) Unitemized .....

1575.00

2416.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

79219.17

132953.69

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

79219.17

132953.69

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

2025.84

11090.20

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

81245.01

144043.89

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

81245.01

144043.89

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2187.69	12515.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2187.69	12515.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	67500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14687.69	80015.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14687.69	80015.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	79219.17	132953.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79219.17	132953.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2187.69	12515.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2187.69	12515.93

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Donald Adams MD**

Mailing Address 1616 S. Kelly Ave.

City State Zip Code  
Edmond OK 73013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osso Healthcare Network

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : SA11AI.11953

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Sanjay Bakhshi MD**

Mailing Address 254 Stafford Avenue

City State Zip Code  
Staten Island NY 10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neuroscience Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

Transaction ID : SA11AI.11888

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. April Branscum**

Mailing Address 803 Saddle Ridge Drive

City State Zip Code  
Mt. Juliet TN 37120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11AI.11916

Amount of Each Receipt this Period

365.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

## **A. David Bryce MD**

Mailing Address 7329 Summit Ridge Rd.

City State Zip Code  
 Middleton WI 53562

FEC ID number of contributing federal political committee.

C

Name of Employer

Advanced Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

Transaction ID : SA11AI.11907

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

## **B. Kenneth Candido**

Mailing Address 204 Canterbury Lane

City State Zip Code  
 Oak Brook IL 60523

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

Transaction ID : SA11AI.11950

Amount of Each Receipt this Period

350.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

## **C. Luis Cummings MD**

Mailing Address 909 Tito Castro Ave.

City State Zip Code  
 Ponce PR 00716

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2016

Transaction ID : SA11AI.11935

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

## **A. Cheng Dai MD**

Mailing Address 15-A West Oak Drive

City State Zip Code  
Houston TX 77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2016

Transaction ID : SA11AI.11934

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

## **B. Jonathan Daitch MD**

Mailing Address 812 Cape View Drive

City State Zip Code  
Fort Myers FL 33919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

APMS

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11AI.11931

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

## **C. Timothy Deer**

Mailing Address 400 Court Street, Suite 100

City State Zip Code  
Charleston WV 25301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Center for Pain Relief

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11AI.11921

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Sudhir Diwan**

Mailing Address 38 Carter Street

City

Norwood

State

NJ

Zip Code

07648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 15 / 2016

Transaction ID : SA11AI.11927

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. John Dombrowski MD**

Mailing Address 5123 Watson St., NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 28 / 2016

Transaction ID : SA11AI.11954

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Michael Engle MD**

Mailing Address 8677 Four Season Trl

City

Poland

State

OH

Zip Code

44514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PM&R North

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 15 / 2016

Transaction ID : SA11AI.11924

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Epter MD**

Mailing Address P.O. Box 211839

City

Augusta

State

GA

Zip Code

30917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Augusta Pain Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2016

**Transaction ID : SA11AI.11949**

Amount of Each Receipt this Period

425.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. J.H. Fairbanks MD**

Mailing Address P.O. Box 301

City

Vidalia

State

LA

Zip Code

71373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

**Transaction ID : SA11AI.11882**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Mark Fallows MD**

Mailing Address 120 SE 2nd Avenue

City

Crystal River

State

FL

Zip Code

34429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**Transaction ID : SA11AI.11892**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

## **A. Orlando Florete MD**

Mailing Address 2200 Acadie Drive

City

Jacksonville

State

FL

Zip Code

32217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Institute of Pain Manageme

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2016

**Transaction ID : SA11AI.11944**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

## **B. Ferdinand Formoso MD**

Mailing Address 4472 Glen Kerman Pkwy

City

Jacksonville

State

FL

Zip Code

32224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Spine and Pain

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

**Transaction ID : SA11AI.11885**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

## **c. Chris Gharibo**

Mailing Address 292 Haven Road

City

Franklin Lakes

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYU

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : SA11AI.11903**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Ramis Gheith MD**

Mailing Address 1100 Town and Country Commons

City State Zip Code  
 Chesterfield MO 63006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IPI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2016

**Transaction ID : SA11AI.11933**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Ira Goodman, MD**

Mailing Address 1609 Greendale Ave.

City State Zip Code  
 Park Ridge IL 60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : SA11AI.11918**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Bill Haney MD**

Mailing Address 4205 Springhurst Blvd  
 #101

City State Zip Code  
 Louisville KY 40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELIPS, PLLL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : SA11AI.11895**

Amount of Each Receipt this Period

166.67

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. James Hough MD**

Mailing Address 5614 Foxfire Lane

City State Zip Code  
 Lohman MO 65053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Pain Specialists

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 16 / 2016

Transaction ID : SA11AI.11943

Amount of Each Receipt this Period

3650.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Paul Hubbell MD**

Mailing Address 236 W. Livingston Place

City State Zip Code  
 Metairie LA 70005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 28 / 2016

Transaction ID : SA11AI.11959

Amount of Each Receipt this Period

416.50

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Magdalene Kerschner MD**

Mailing Address 3441 Ivy Hills Blvd.

City State Zip Code  
 Cincinnati OH 45244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 28 / 2016

Transaction ID : SA11AI.11957

Amount of Each Receipt this Period

160.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4226.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. David Kloth MD**

Mailing Address 4 Old Bedow Mountain Road

City State Zip Code  
Ridgehold CT 00877

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Pain Care, PC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : SA11AI.11955

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Benjamin Lampert MD**

Mailing Address 4367 E. Bogey Ct.

City State Zip Code  
Springfield MO 65809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John's Physicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 06 / 2016

Transaction ID : SA11AI.11886

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. George Lantz**

Mailing Address 11 Young Lane

City State Zip Code  
Rye NH 03870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Interventional Spine Medicine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2016

Transaction ID : SA11AI.11947

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Vinod Malik MD**

Mailing Address 767 N. Beach Street

City State Zip Code  
Osmond Beach FL 32174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRC Associates

Occupation

Physicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2016

**Transaction ID : SA11Al.11932**

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Dharam Mann**

Mailing Address 23 Embury Farm Road

City State Zip Code  
Malboro NJ 07746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : SA11Al.11896**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Sunita Mann**

Mailing Address 23 Embury Farm Road

City State Zip Code  
Marlboro NJ 07746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : SA11Al.11899**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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14000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Maughon**

Mailing Address 7415 Ridgecrest Court

City State Zip Code  
 Vetavia AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAMU

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : SA11Al.11905**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Shaiko Missouri MD**

Mailing Address 1020 Thompson Street

City State Zip Code  
 Jersey Shore PA 17740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jersey Shore Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2016

**Transaction ID : SA11Al.11940**

Amount of Each Receipt this Period

366.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Monte Moore**

Mailing Address 3551 E Overland Road

City State Zip Code  
 Meridian ID 83642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : SA11Al.11914**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

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1366.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Dermot More-O'Ferrall MD**

Mailing Address 1300 W. Dean Rd.

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : SA11AI.11889**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Asit Patel**

Mailing Address 550 Stanton Christana Road  
Ste 30

City

Newark

State

DE

Zip Code

19713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : SA11AI.11893**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. John Prunskis, MD**

Mailing Address 431 Summit St.

City

Elgin

State

IL

Zip Code

60120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2016

**Transaction ID : SA11AI.11942**

Amount of Each Receipt this Period

730.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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3730.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Abdul Qadir MD**

Mailing Address 28 Crossing Drive

City

Linwood

State

NJ

Zip Code

28221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2016

Transaction ID : SA11AI.11894

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Harlan Ribnick**

Mailing Address P.O. Box 628

City

Cheyenne

State

WY

Zip Code

82003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pain Consultants of the Rockie

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2016

Transaction ID : SA11AI.11938

Amount of Each Receipt this Period

200.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Francis Riegler MD**

Mailing Address 3827 Castlerock Rd.

City

Malibu

State

CA

Zip Code

90265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Universal Pain Mgmt.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 15 / 2016

Transaction ID : SA11AI.11911

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Steven Rupert MD**

Mailing Address 2330 Lynch Road

City

Evansville

State

IN

Zip Code

47711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**Transaction ID : SA11AI.11890**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Manuel Sanchez MD**

Mailing Address 141 Route 125

City

Barrington

State

NH

Zip Code

03851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Interventional Spine Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2016

**Transaction ID : SA11AI.11946**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Khuram Sial**

Mailing Address 1755 Ocean Avenue  
#712

City

Santa Monica

State

CA

Zip Code

90401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Spine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : SA11AI.11925**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Sanford Silverman**

Mailing Address 100 E. Sample Rd.  
Suite 200

City State Zip Code  
Pompano Beach FL 33064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Silverman

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : SA11AI.11915**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Vanila Singh MD**

Mailing Address 711 Bodega Court

City State Zip Code  
Fremont CA 94539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stanford University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2016

**Transaction ID : SA11AI.11939**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Vijay Singh MD**

Mailing Address 8090 W. Millie Hill Estates

City State Zip Code  
Iron Mountain MI 49801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : SA11AI.11908**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Lee Snook MD**

Mailing Address 2283 Auburn Blvd.  
Ste 106

City State Zip Code  
Sacramento CA 95821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MPMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : SA11Al.11930**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Sadiq Sohani MD**

Mailing Address 19 Conventry

City State Zip Code  
Dalton GA 30720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSPM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2016

**Transaction ID : SA11Al.11945**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Amol Soin MD**

Mailing Address 2201 Annandale Place

City State Zip Code  
Xenia OH 45385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Pain Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

**Transaction ID : SA11Al.11887**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Anne Stilwell**

Mailing Address 38 Grymes Hill Road

City

Staten Island

State

NY

Zip Code

10301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 01 / 2016

Transaction ID : SA11AI.11880

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**B. Michael Trimba MD**

Mailing Address 2417 Ocean Avenue

City

Brooklyn

State

NY

Zip Code

11229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Pain Care Medical PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 14 / 2016

Transaction ID : SA11AI.11891

Amount of Each Receipt this Period

365.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

**C. Heather Yates**

Mailing Address 145 Corbett Drive

City

Paducah

State

KY

Zip Code

42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 15 / 2016

Transaction ID : SA11AI.11901

Amount of Each Receipt this Period

400.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1765.00

77644.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 25

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

## **A. Bantera Bank**

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

9073.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

**Transaction ID : SA17.11876**

Amount of Each Receipt this Period

8.84

☐ Memo Item

Interest

Full Name (Last, First, Middle Initial)

## **B. Bantera Bank**

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

9221.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

**Transaction ID : SA17.11877**

Amount of Each Receipt this Period

148.49

☐ Memo Item

Dividends

Full Name (Last, First, Middle Initial)

## **C. Bantera Bank**

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

11090.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

**Transaction ID : SA17.11878**

Amount of Each Receipt this Period

1868.51

☐ Memo Item

Change in investment

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2025.84

2025.84

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. Bantera Bank**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				3	0		2	0	1	6		

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

**Transaction ID : SB21B.11873**Purpose of Disbursement  
Credit card fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1886.20

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Bantera Bank**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				3	0		2	0	1	6		

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

**Transaction ID : SB21B.11874**Purpose of Disbursement  
Brokerage fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

286.29

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. Bantera Bank**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				3	0		2	0	1	6		

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

**Transaction ID : SB21B.11875**Purpose of Disbursement  
Online contribution fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

15.20

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

2187.69

**TOTAL** This Period (last page this line number only)..... ►

2187.69



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC**

Full Name (Last, First, Middle Initial)

**A. BRADY FOR CONGRESS**

Mailing Address PO BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement  
Contribution

Candidate Name

**KEVIN BRADY**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 08

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2016

**Transaction ID : SB23.11871**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City	State	Zip Code
WADSWORTH	OH	44281

Purpose of Disbursement  
Contribution

Candidate Name

**JAMES B. RENACCI**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OH	District: 16

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

**Transaction ID : SB23.11866**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAKING AMERICA PROSPEROUS PAC**

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2016

**Transaction ID : SB23.11872**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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12500.00
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